

Rec'd PTO 06 JUN 2003

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 537819

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
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21							
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23							
24	1						
25	1						
26	1						
27	1						
28	1						
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31	1						
32	1						
33	1						
34	1						
35	1						
36	1						
37	1						
38	1						
39	1						
40	1						
41	1						
42	1						
43	1						
44							
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46							
47							
48							
49							
50							
TOTAL IND.	3						
TOTAL DEP.	17						
TOTAL CLAIMS	20						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							